PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2001  Application or Doctor Number  10056874											herr Ly			
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN														
TO	TAL CLAIMS		(Column 1) (Column 2)				ا ا	TYPE [		OR 1				
			91					RATE BASIC FEE	770.00		PASIC FEE	740.00		
FOR			RAMBER	FUED	MUMB	NUMBER EXTRA			370.00	OR		740.00		
TOTAL CHARGEABLE CLAIMS			amus 20=			21		X\$9=	189,0	Øη	X\$18=			
INDEPENDENT CLAIMS			K minus 3 = 3					X42=	84,0	<b>B</b> R	X84=			
MU	LTIPLE DEPEN	DENT CLAIM P	RESIGNT					+140=		OR	+280=			
* If the difference in column 1 is less than zero, enter "0" in column 2							1	TOTAL	643.	Ø)	TOTAL			
CLAIMS AS AMENDED - PART II									ساسليت		OTHER			
_		(Column 1)		(Cotu		(Column 3)		SMALL		OR	SMALL			
MENTA		REMARKING AFTER AKENDMENT		MUNA	BER OUSLY	PRESENT EXTRA	ŀ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
3	Total	. 22	Minus	- 4	FT	•		X\$9=		OR	X\$18=			
MENO	Independent	- 4	مدالا	***	5	•		X42=		OR	X84=			
<	FIRST PRESE	NTATION OF M	JUTIPLE DEF	PENDEN	TOLAIM		)	- 444	<b> </b>	1	+280a			
<b>.</b>								+140=.	<u> </u>	OR	101/AL			
	5-6-05 (Column 1) (Column 2) (Column 3)								ADDIT. FEE					
	)-6-01	(Column 1)		H43	mn 2) Est	(Column 3)	١		ADDI:	1		ADOI-		
IOMENT B	·	REMARKING AFTER AMENDMENT		PREM	ABER OUSLY FOR	PRESENT EXTRA		RATE	TRONAL		RATE	TIONAL FEE		
	Total	· 22	Minus	<u>- 4</u>	<u> </u>	-		X 2-		ÓЯ	7618-			
3	Independent	• 4	Minus	***	5_	<u> </u>	1	X42-		OR	XS42	•		
	FIRST PRESE	NTATION OF M	ATIPLE DEF	TENDEN	CLAM		J	+140=		OR	+280=			
							-	TOTAL		OR.	TOTAL	7		
	ا در این	(Cabres 4)		· Cab	mn 2)	(Column 3)		AODIT. FEE			ADDIT. FEE	: .		
		(Column'1)		. 1433	EST SER	COMMINIS	וֹן		ADD1-	1		ADDI-		
AMENDMENT.C		REMARKING AFTER AMENDMENT		PREVI	OUSLY FOR	DITA		RATE	TIONAL FEE		RATE	TIONAL		
2	Total .	·22-	Minus	- 1	<u>e</u> _	-		X\$ 9-		OR	X\$18-			
	Independent	· 4	Minus	(	<u> </u>	1-	4	X42=		OR	X84=			
L	PREST PRESE	NTATION OF M	UCTIPLE DE	PENDEN	II GLAIN	<u></u>	J	+140=		OR	+280=			
	If the entry in colu	mn 1 is less then I	he entry in cel	ma 2, wi	p Y ba	Aum 3.		YOTAL			TOTAL			
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) in the highest number teams in the appropriate back in column 1.														
	The Water Har	rber Proviously A	id For (Total o	r Indepen	ducil) in Th	e Trighest cumb	er te	une in the q	thickness or	<b>X 81 Q</b>	pyra 1.			